

**DISBURSEMENT JOURNAL
FOR THE MONTH(S) OF:**

Agency Name:

Contract #:

DATE	CHECK #	PAYEE	DESCRIPTION	Salaries	Fringe Benefits	Consultants	Travel	Space	Supplies	Equipment Purchase	Equipment Lease	Misc. Expenses
Expenditure Totals (for this page)				-	0	-	-	-	-		0	
LESS Program Income Applied (if applicable)												
EQUALS Total for Reimbursement (for this page)												